

CHILD SUPPORT and/or SPOUSAL SUPPORT

1

To Change an Existing Court Order 15% or less Increase or Decrease

**Part 1: Filing the Court Papers
(Standard Process)
(Forms Packet)**



SELF SERVICE CENTER

TO CHANGE A COURT ORDER FOR CHILD SUPPORT AND/OR SPOUSAL MAINTENANCE/SUPPORT (ALIMONY) (Standard Process)

PART 1: FILING THE COURT PAPERS FOR THE COURT HEARING

How to assemble these documents

This packet contains court forms to file a ***“Petition to Modify a Court Order for Child Support and/or Spousal Maintenance/Support -- Standard Process.”*** Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	DRMSP1ft	Table of forms in this packet	1
2	DRMSP1k	Checklist to file	1
3	DRM10f	<i>“Family Court Post-Decree Coversheet”</i>	3
4	DRMSP11f	<i>“Petition to Modify Support”</i>	4
5	DRS12f	<i>“Child Support Worksheet”</i>	8
6	DROSC13f	<i>“Affidavit of Financial Information”</i>	7
7	DRMSP81f	<i>“Order to Appear”</i>	2
8	DRS81f	<i>“Child Support Order”</i>	4
9	DRS82f	<i>“Order of Assignment”</i>	1
10	DRS88f	<i>“Current Employer Information Sheet”</i>	1
12	DRS89f	<i>“Judgment Data Sheet”</i>	1

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**SELF SERVICE CENTER
Forms and Instructions**

**PETITION AND PAPERS TO MODIFY CHILD SUPPORT ORDER
(Standard Process)**

CHECKLIST

USE THE FORMS and instructions in this packet ONLY if the following factors apply to your situation:

I

- ✓ You completed a ***“Parent’s Worksheet for Child Support Amount”***
AND
- ✓ You do **not** have an Arizona child support order
OR
- ✓ You have an Arizona child support order **but** Item 35 on the worksheet indicates that the amount of child support that should be paid **does not** vary 15% or more from the amount of your current order.

AND/OR

II

- ✓ You are ready to file court papers and serve them to ask the judge for a different child or spousal maintenance/support order
- ✓ You have a spousal maintenance/support order, **AND**
- ✓ You want to change spousal maintenance/support

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

**Superior Court of Arizona
Maricopa County**

Family Court Cover Sheet

For use with Minor Children

**Check only one box that matches
the legal procedure for which you are
filing the documents in this packet:**

- ☐ **Modification (Change) of Custody**
- ☐ **Modification (Change) of
Parenting Time (Visitation)**
- ☐ **Modification (Change) of Support Only**
- ☐ **Modification (Change) of Wage
Assignment Only**
- ☐ **Enforcement of Custody, Parenting
Time (Visitation) or Support**
- ☐ **Enforcement of Property Division**
- ☐ **Other**

Case Number from existing FC case

ATLAS number(s) if applicable

Instructions:

- **You must provide the following information about yourself and the other party.**
- **Type or print neatly in black ink**
- **If more room is needed for children or Petitioner/Respondent, please attach a separate page**
- **You must list the Petitioner from the original case as the Petitioner below and the Respondent from the original case as the Respondent below**

Information About the Petitioner:

Name:

Address:

City, State, Zip:

Home phone #:

Information About the Respondent:

Name:

Address:

City, State, Zip:

Home phone #:

Work phone number:

Cell phone/pager:

Date of Birth:

Social Security #:

E-mail address:

Work phone number:

Cell phone/pager:

Date of Birth:

Social Security:

E-mail address:

Lawyer's Name and Bar Number: _____

(Provide this information only if YOU have an attorney)

Names, Dates of Birth, and Social Security Numbers for Minor Children Involved:

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Name: _____ DOB: _____ SSN: _____

Names and D/O/B's of any OTHER minor children of the Petitioner and/or the Respondent who are NOT involved in this case.

Have there been any other cases (EXCLUDING minor traffic offenses) in any court involving members of this family? ☐ Yes ☐ No. If you checked the "Yes" box, please describe the case and include case numbers and court location. _____

Domestic Violence Section

Is anyone mentioned on this cover sheet currently a victim of any family or domestic violence?

☐ Yes ☐ No

Has anyone listed on this cover sheet been the plaintiff, defendant, or named in a petition for an Order of Protection? ☐ Yes ☐ No

If Yes, please identify: _____

Was the Order of Protection granted by the Maricopa County Superior Court? ☐ Yes ☐ No

If No, in what court was the Order of Protection granted? _____

Children's Issues Section

Are any of the children named above in any physical danger due to abuse or neglect?

☐ Yes ☐ No

Has anyone named on this sheet had any involvement with Child Protective Services in Arizona?

☐ Yes ☐ No

If Yes, please provide the CPS or Juvenile Court case number:

INTERPRETER. Is an interpreter needed for either of the parties? If so, please check the appropriate box(es) below. **NOTE: THIS IS NOT AN OFFICIAL REQUEST FOR AN INTERPRETER. THIS INFORMATION IS TO BE USED FOR INTERNAL PURPOSES ONLY.**

☐ Petitioner

☐ Respondent

Language:

☐ Spanish/(Español) ☐ Other _____

LOCATION. (Check the Superior Court Location where you will be filing these documents:

☐ Downtown Phoenix

☐ Southeast Regional (Mesa)

☐ Northwest Regional (Surprise)

Name of Person Filing Document: (A) _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Lawyer's Bar Number (if applicable): _____
Representing: ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

(Name of Petitioner) (B)

Case Number _____ (C)

AND

(Name of Respondent)

**PETITION TO MODIFY A
SUPPORT ORDER**

(Standard procedure)

☐ Child Support

(D) ☐ Spousal Maintenance/Support
(Alimony)

1. INFORMATION ABOUT THE PETITIONER: (E)

Name: _____
Address: _____
City, State, Zip Code: _____
County where the Petitioner lives: _____
Date of Birth: _____
Social Security Number: _____
Job Title: _____

2. INFORMATION ABOUT THE RESPONDENT: (F)

Name: _____
Address: _____
City, State, Zip Code: _____
County where the Respondent lives: _____
Date of Birth: _____
Social Security Number: _____
Job Title: _____

**3. INFORMATION ABOUT THE CURRENT SUPPORT ORDER I WANT TO
CHANGE: (G)**

- A. Date of order I want to change: _____
B. Court Case Number of order I want to change: _____
C. Location of court (city and state): _____
D. Current Amount Ordered to be Paid: The current order requires (name of person who pays)
_____ to make payment for:

Child Support	\$	_____	per	_____
Spousal Maintenance/Support	\$	_____	per	_____
Other:	\$	_____	per	_____
Payments in Arrears:	\$	_____	per	_____

4. INFORMATION ABOUT OTHER COURT CASES TO ENFORCE OR CHANGE THIS COURT ORDER INVOLVING THE PETITIONER AND THE RESPONDENT: (H)

- ☐ **Current enforcement or modification cases:** No other cases are pending in any court for enforcement of this court order. (You **must** check here, and this **must** be true.)
- ☐ **Past enforcement or modification cases:** If you or the other party have filed for enforcement or modification of the court order in the past, you must complete the following information, otherwise write "none" in the space provided. Use additional paper if necessary:

Names of Parties: _____

Date of order, judgment, decree: _____

Explain what order or judgment said: _____

Court Case Number: _____

Location of court (city and county): _____

Explain Type of Case: (emergency custody, visitation, etc.) _____

CHILD SUPPORT ONLY: ANSWER ITEMS 5 AND 6 ONLY IF YOU ARE ASKING FOR A CHANGE IN CHILD SUPPORT. There **must** be a substantial **and** continuing change in circumstances before you can ask the court to change the current child support order.

- 5. WHAT CHILD SUPPORT SHOULD BE:** Attached is a Parent's Worksheet for Child Support Amount. According to the worksheet calculations, the child support amount should be \$_____per month. **(I)**

- 6. I AM ENTITLED TO HAVE CHILD SUPPORT CHANGED FOR THE FOLLOWING REASONS:** (Describe the reasons and the substantial and continuing change in your circumstance.) **(J)**

7. **DEPARTMENT OF ECONOMIC SECURITY.** Is DES providing Child Support Enforcement Services to at least one of the parties? **(K)**
☐ Yes (If yes, see instructions.) ☐ No ☐ Unknown.

SPOUSAL MAINTENANCE/SUPPORT ONLY. Answer Item 8 and 9 ONLY if you are asking for a change in spousal maintenance/support (Alimony). There must be a **substantial and continuing** change in your circumstances before you can ask the court to change the current spousal maintenance/support order.

8. **WHAT SPOUSAL MAINTENANCE/SUPPORT SHOULD BE.** Spousal maintenance/support amount should be \$_____ per month beginning _____ and continuing until _____ and subject to change as ordered by the court. (You **cannot** ask for a change in spousal maintenance/support if you signed an agreement that says that spousal maintenance/support cannot be changed or modified.) **(L)**

9. **SPOUSAL MAINTENANCE/SUPPORT SHOULD BE INCREASED OR DECREASED OR I AM ENTITLED TO HAVE THE SPOUSAL MAINTENANCE / SUPPORT PAYMENTS CONTINUE FOR THE FOLLOWING REASONS:**
(Describe the reasons and the substantial and continuing change in your circumstance.) **(M)**

WHAT I WANT THE COURT TO ORDER: I ask that support be ordered in the amount asked for in number 5 **and/or** 8 above, and for any other order that the court considers to be just.

OATH AND VERIFICATION PERSON FILING THIS PETITION: (N)

STATE OF ARIZONA)
County of Maricopa) ss.

I, being duly sworn and under oath, state that I have read this Petition and all the statements are accurate and complete to the best of my knowledge and belief.

SIGNED:_____

SUBSCRIBED AND SWORN to before me this _____ day of _____ , _____

by _____.

My Commission Expires:

Notary Public or Clerk:_____

(1) Person Filing: _____
Mailing Address: _____
City, State, Zip: _____
Daytime Phone: _____
Evening Phone: _____
Representing: ☐ Self ☐ Attorney
State Bar Number: _____

SUPERIOR COURT OF ARIZONA
IN _____(2) COUNTY

(3) _____)
Petitioner/Plaintiff,)
_____))
_____))
DOB _____ SSN _____)
VS. _____)
_____))
(4) _____)
Respondent/Defendant,)
_____))
_____))
DOB _____ SSN _____)

Case No. (5) _____

ATLAS No. _____

**PARENT'S WORKSHEET
FOR CHILD SUPPORT AMOUNT**

Prepared By:
(6) ☐ Father ☐ Mother
☐ Court ☐ State

MONTHLY GROSS INCOME

Total Monthly Gross Income

(7) Estimated/Attributed to: ☐ Father ☐ Mother
(Explanation is required on the sheets following
the signature page at Item 7)

Adopted by Court ☐ Yes ☐ No

Father

Mother

_____ (8) _____

ADJUSTMENTS TO MONTHLY GROSS INCOME

(Can be an addition or deduction)

Court-Ordered Spousal Maintenance Actually Received +/- Paid _____ (9) _____

Court-Ordered Child Support Actually Paid or _____ (10) _____

Contributed for Children of Other Relationships _____ (11) _____

Cost of Supporting Children of Other Relationships _____ (12) _____
(Explanation is required on the sheets following the
signature page at Item 11)

Adjusted Monthly Gross Income for Each Parent _____ (12) _____
(add or subtract lines 9 through 11 from line 8)

COMBINED ADJUSTED MONTHLY GROSS INCOME

Add both amounts from line 12 together.

(13) _____

Need Help with the calculations? Call 602-506-3762 for an appointment for assistance at the Phoenix, Surprise, or Mesa courthouse locations. Ask for the "Calculations Department."

BASIC CHILD SUPPORT OBLIGATION

Number of children for whom support is requested: (14) _____
provide details on the sheets following the
signature page at Item 14)

Basic Child Support Obligation (from the Schedule) (15) _____

ADJUSTMENTS FOR NECESSARY EXPENSES

You may need to complete items 30-31; (Explanation is required
on the sheets following the signature page.)

	<u>Father</u>	<u>Mother</u>
Medical/Dental Insurance Costs for Children	_____ (16)	_____
Child Care Costs	_____ (17)	_____
Adjusted for Tax Credit	_____ (17a)	_____
Extra Education Costs	_____ (18)	_____
Extraordinary/Special Needs Child Costs	_____ (19)	_____
Court-Ordered Visitation/Exchange Costs	_____ (20)	_____
Number of Child(ren) 12 and Over _____ 0 - 10% _____	(21)	_____
Total Adjustments for Necessary Expenses	(22)	_____

TOTAL CHILD SUPPORT OBLIGATION

Total Child Support Obligation (add lines 15 and 22) (23) _____

EACH PARENT'S PERCENTAGE (%) OF COMBINED INCOME

	<u>Father</u>	<u>Mother</u>
Calculate for each parent:		
Parents' Adjusted gross income (from line 12)	_____ (24)	_____
Combined adjusted gross income (from line 13)	_____ (25)	_____
Parents' Adjusted gross income DIVIDED BY combined adjusted gross income EQUALS	_____ % (26)	_____ %

EACH PARENT'S PERCENTAGE (%) OF THE TOTAL SUPPORT OBLIGATION

Calculate for each parent:

Total child support obligation (from line 23)	_____ (27)	_____
Percentage of combined adjusted gross income (from line 26)	_____ % (28)	_____ %

Percentage TIMES the total obligation EQUALS the amount of the parent's support obligation _____ (29) _____

COMPLETE THIS SECTION FOR COSTS PAID BY THE NON-CUSTODIAL PARENT:

Father

Mother

ADJUSTMENT FOR COSTS ASSOCIATED WITH VISITATION

Requested Adjustment to be completed for paying parent **ONLY**

Using ☐ Table A Or ☐ Table B

Number of Visitation Days _____ Per year (Explain on page 7)

Visitation Table Percentage _____ X Line 15 = _____ (30) _____

MEDICAL INSURANCE MONTHLY PREMIUM ADJUSTMENT

Enter the monthly amount of the medical/dental insurance premium paid directly to an insurance carrier by the non-custodial parent (from line 16) [Guidelines 11] _____ (31) _____

CHILD CARE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for work-related child care. (From line 17a) _____ (31) _____

EXTRA EDUCATION ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for extra education costs agreed upon by both parents or ordered by the court. (From line 18) _____ (31) _____

EXTRAORDINARY/SPECIAL NEEDS CHILD ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with special needs of gifted or handicapped children. (From line 19) _____ (31) _____

COURT-ORDERED VISITATION/EXCHANGE ADJUSTMENT

Enter the monthly amount paid directly by the non-custodial parent for costs associated with court-imposed supervised exchanges. (From line 20) _____ (31) _____

ADJUSTMENTS SUBTOTAL

Add lines 30 and 31. _____ (32) _____

PRELIMINARY CHILD SUPPORT AMOUNT

Deduct line 32 from line 29. _____ (33) _____

IF YOU HAVE SOLE CUSTODY, PERFORM THE SELF-SUPPORT RESERVE TEST (LINE 36) AND GO TO LINE 38.

IF YOU HAVE ALTERNATIVE CUSTODY ARRANGEMENTS, COMPLETE EQUAL TIME SHARING (LINE 34) OR MULTIPLE CHILDREN (LINE 35) SECTIONS AND THE SELF SUPPORT RESERVE TEST (LINE 36); THEN GO TO LINE 38.

Father

Mother

EQUAL TIME SHARING WHEN INCOMES ARE NOT EQUAL

Prepare a Parent's Worksheet where neither party receives a visitation adjustment. Determine which parent has the lower support amount on line 33, deduct the lower amount from the higher amount, divide that amount in half. The resulting amount is paid by the parent with the higher preliminary child support amount to the parent with the lower preliminary child support amount. Explain on the sheets following the signature page.

_____ (34) _____

MULTIPLE CHILDREN, DIVIDED CUSTODY

Prepare a Parent's Worksheet to determine support for children in the Mother's household and a separate worksheet for children in the father's household. Determine which parent has the lower support amount from line 33, deduct the lower amount from the higher amount. The resulting amount is paid to the parent with the lower obligation. Explain your calculations on the sheets following the signature page.

_____ (35) _____

SELF-SUPPORT RESERVE TEST

Paying parent's Adjusted Gross Income from line 12

_____ (12) _____

Minus reserve

(\$710) (36a) (\$710)

Minus arrears

() (36b) ()

RESULT

_____ (37) _____

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

**AMOUNT TO BE ORDERED BY THE PARENT ORDERED TO PAY
BASED ON THESE CALCULATIONS**

Enter the lesser of the amounts shown on line 33, 34, 35 or 37.

_____ (38) _____

DEVIATION FROM THE GUIDELINES SUPPORT AMOUNT

If you believe the Guidelines support amount is too high or too low in your case, enter the amount which you believe the court should order as child support in this case. Explain why on the sheets following the signature page.

_____ (39) _____

RESPONSIBILITY FOR VISITATION-RELATED TRAVEL EXPENSES

Enter on this line the amount or percentage you think each parent should pay towards the travel/transportation expenses associated with visitation. The allocation of travel expenses does not change the amount of the support ordered. Explain on the sheets following the signature page.

_____ (40) _____

RESPONSIBILITY FOR MEDICAL EXPENSES NOT PAID BY INSURANCE

Father

Mother

Percentage of uninsured medical expenses that each parent should pay.

_____ (41) _____

I have read this document, and the facts are true and correct to the best of my knowledge or belief.

Date _____

Signature of Person Filing (42)

State of Arizona)
)ss.
County of _____)

Acknowledged before me on this date: _____

My Commission Expires: _____

Notary Public or Clerk

I have read this document, and the information provided is an accurate representation of the facts as supplied to me by _____.

Date: _____

Attorney Filing

BASIS FOR AMOUNTS SHOWN ON WORKSHEET

(7) Estimated/Attributed Income - Explain why you believe the other party is or could be earning the amount you indicated. Be as specific as possible. See the instructions for item 7 for examples. (Guidelines 4.e.)

(11) Cost of Supporting Children of Other Relationships - List the names and ages of the natural or adopted children for whom you are requesting an adjustment and describe the support you provide for these children. [Guidelines 5.a., 5.b., and 5.c.]

Name(s)	Date(s) of Birth(s)	Social Security Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(14) Children for whom Support is Requested - List the name(s) and age(s) of the natural or adopted child(ren) for whom you are requesting support.

Name(s)	Date(s) of Birth	12 or over Y / N	Social Security Number(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(17) Child Care Costs - If the custodial parent's income is in excess of the chart in Guidelines 8.b.1., the court may adjust the cost of day care in order to apportion the dependent care tax credit benefit. The court may reduce the annualized amount of day care by 25% with a maximum monthly reduction of \$50 per month for one child, \$100 per month for two or more children.

Custodial Parent

Monthly Child Care Costs	X	Number of months	=	Annual Cost	X .75	=	Adjusted Cost	÷ 12 =	Adjusted Monthly Cost
	X	_____	=	_____	X .75	=	_____	÷ 12 =	_____

Non-custodial Parent

Monthly Child Care Costs	X	Number of months	=	Annual Cost	÷ 12 =	Adjusted Monthly Cost
	X	_____	=	_____	÷ 12 =	_____

(21) Child 12 and Over - Follow the worksheet instructions for item 21. Explain why you need extra money to support the child(ren) age 12 and over. (Guidelines 8.b.2.)

(30) Adjustment for Costs Associated with Visitation - Calculate the number of visitation days per year. (Guidelines 10)

Extended periods	_____ days	Weekend periods	_____ days
Holidays periods	_____ days	Midweek periods	_____ days
School breaks	_____ days	Other periods	_____ days

Upon proof that certain costs usually incurred in the custodial household are NOT substantially or equally shared by both parents, Visitation Table B must be used. Explain the basis of the requested adjustment:

(34) Equal Time Sharing, Unequal Incomes – ***IF*** the amount entered on Line 38 was taken from Line 34, show how you arrived at the amount on line 38: (Guidelines 10)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: _____

Subtract the Lower amount. The Result is: _____

Divide the Amount of the Result by 2 (Result ÷ 2) = _____

(35) Multiple Children, Divided Custody – ***IF*** the amount entered on Line 38 was taken from line 35, show how you arrived at the amount on line 38. (Guidelines 14)

Enter the Higher of the two amounts listed on line 33: _____

Enter the Lower of the two amounts listed on line 33: _____

Subtract the Lower amount. The Result is: _____

(39) Deviation From the Guidelines Support Amount - If you believe the Guidelines support amount is too high or too low in your case, explain why. **READ THE GUIDELINES GENERALLY AND SECTION 18 IN PARTICULAR.** (This does not include physical custody adjustments; those are considered in item 30.) Show the total support amount you believe should be ordered. A deviation can only be ordered if the court makes appropriate findings. [Guidelines 18]

Requested Support Amount: \$ _____

(40) Visitation-Related Travel Expenses - Describe the anticipated visitation plan and related travel/transportation costs. The court may consider how the conduct of each parent has contributed to such costs. Explain how you think the cost should be divided between the parents. Enter the amount or percentage you think each parent should pay on line 38. The allocation of travel expenses does not change the amount of the support ordered.
(Guidelines 16)

Federal Tax Exemption - Explain how you want the tax exemptions for the child(ren) allocated and the reason for such an allocation. [Guidelines 26]

Other Requests - Identify and explain any additional issues you want the court to address.

Person Filing: _____
Address: _____
City, State, Zip Code: _____
Telephone Number(s): _____
ATLAS Number (if applicable): _____
Person Filing Document is ☐ Self (With no Lawyer) or Attorney for ☐ Petitioner or ☐ Respondent
(For Attorneys Only) State Bar Number: _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner

Case No. _____

AFFIDAVIT OF FINANCIAL INFORMATION

AND

Name of Respondent

Affidavit of _____
(Name of Person Whose Information is on this Affidavit)

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

1. **WARNING TO BOTH PARTIES:** This Affidavit is an important document. You must fill out this Affidavit completely, and provide accurate information. You must provide copies of this Affidavit and all other required documents to the other party, and to the judge. If you do not do this, the court may order you to pay a fine.
2. **SIGN THIS DOCUMENT IN FRONT OF A NOTARY PUBLIC:** After you fill in all the information you are asked to fill in this document, go to a Notary Public or to the Clerk of Court and sign the Affidavit in the space below. Do not sign this document until you are in front of the Notary Public or Clerk of Court. You will need picture identification when you sign.

State of Arizona)
County of Maricopa)ss.

I have read the following document and know of my own knowledge that the facts and financial information stated below are true and correct, and that any false information may constitute perjury by me. I also understand that if I fail to provide the required information or give misinformation, the judge might order sanctions against me, including assessment of fees for fines under Rule 11 of the Arizona Rules of Civil Procedure.

Signature of Person Making Affidavit

Sworn to before me on (date)_____, by _____

My Commission Expires:

Notary Public

INSTRUCTIONS

1. **Complete the entire Affidavit in black ink.** If there is not enough space provided on this form, use separate sheets of paper to complete the answers and attach them to the Affidavit. Number and label any attached answers to match those on the Affidavit form.
Answer every question completely! You must complete every blank. If you do not know the answer to a question or are guessing, please state that. If a question does not apply, write "NA" for "not applicable" to indicate you read the question. Round all amounts of money to the nearest dollar.

2. Answer the following statements **YES** or **NO**. If you mark **NO**, explain your answer on a separate piece of paper and attach the explanation to the Affidavit.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	1.	I listed all sources of my income.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	2.	I attached copies of my two (2) most recent pay stubs.
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	3.	I attached copies of my federal income tax return for the last three (3) years, and I attached my W-2 and 1099 forms from all sources of income.

1. GENERAL INFORMATION:

- A. Name: _____
- B. Current Address: _____
- C. Social Security Number: _____
- D. Date of Birth: _____
- E. Other Party's Social Security Number: _____
- F. Other Party's Date of Birth: _____
- G. Date of Marriage: _____ Date of Divorce: _____
- H. Full names of child(ren) common to the parties (in this case), their dates of birth and Social Security Number(s):

Name	Date of Birth	Social Security Number
------	---------------	------------------------

- I. The name, date of birth, relationship to you and gross monthly income for each individual who lives in your household:

Name	Date of Birth	Relationship to you	Income
------	---------------	---------------------	--------

- J. Any other person for whom you contribute support:

Name	Age	Relationship to you	Where person lives
------	-----	---------------------	--------------------

EMPLOYMENT INFORMATION

- A. Your job/occupation/profession/title: _____
Name and address of current employer: _____

Date current employment began: _____
How often are you paid: _____
Weekly _____ Every-other week _____ Monthly _____ Twice a month _____ Other _____
- B. If you are not working, why not? _____
- C. Previous employer name and address: _____
Previous job/occupation/profession/title: _____
Date previous job began: _____
Date previous job ended: _____
Gross monthly pay at previous job: \$ _____
- D. Total gross income from last three (3) years' tax returns (attach copies of page 1 and 2 of your federal income tax returns for the last three (3) years):
Year _____ \$ _____ Year _____ \$ _____ Year _____ \$ _____
- E. Your total gross income from January 1 of this year to the date of this Affidavit (year-to-date income): \$ _____

3. YOUR EDUCATION/TRAINING: List name of school, length of time there, year of last attendance, and degree earned:

- A. High School: _____
B. College: _____
C. Post-Graduate: _____
D. Occupational Training: _____

4. ASSETS:

- | | |
|---|----------|
| A. Cash (including uncashed checks)/Traveler's check | \$ _____ |
| B. Cash in financial institutions/banks | \$ _____ |
| C. Stocks, bonds, securities | \$ _____ |
| D. Insurance policy cash surrender value | \$ _____ |
| E. Funds owed to you by others
(including accounts receivable) | \$ _____ |
| F. Funds held for you by others
(including inheritance(s) or trust(s)) | \$ _____ |
| G. Unpaid bonus | \$ _____ |
| H. Other | \$ _____ |
| TOTAL: | \$ _____ |

5. YOUR GROSS MONTHLY INCOME: List **all** income you receive from **any** source, whether private or governmental, taxable or not, including, but not limited to, the following. Mark each space with the correct amount or with "0" if none. List all income payable to you individually or payable jointly to you and your spouse. Multiply weekly income and deductions by 4.33. Multiply biweekly income by 2.165 to arrive at the total amount for the month.

A.	Gross salary/wages	\$ _____
	(attach copies of your two most recent pay stubs)	
	Rate of Pay \$ _____ per hour \$ _____ per week \$ _____ per month \$ _____ per year	
B.	Expenses paid for by your employer:	
	1. Automobile	\$ _____
	2. Auto expenses, such as gas, repairs, insurance	\$ _____
	3. Lodging	\$ _____
	4. Other (Explain) _____	\$ _____
C.	Commissions/Bonuses	\$ _____
D.	Tips	\$ _____
E.	Self-employment Income (See below)	\$ _____
F.	Social Security benefits	\$ _____
G.	Worker's compensation and/or disability income	\$ _____
H.	Unemployment compensation	\$ _____
I.	Gifts/Prizes	\$ _____
J.	Payments from prior spouse	\$ _____
K.	Rental income (net after expenses)	\$ _____
L.	Contributions to household living expense by others	\$ _____
M.	Other (Explain:) _____	\$ _____
	(include dividends, pensions, interest, trust income, annuities, or royalties)	
TOTAL:		\$ _____

6. SELF-EMPLOYMENT INCOME (if applicable):

If you are self-employed, attach of a copy of the Schedule C for your business from your last tax return, and the most recent income/expense statement from your business.

7. SCHEDULE OF ALL MONTHLY EXPENSES: DO NOT LIST any expenses for the other party, or child(ren) who live with the other party, **unless** you are paying those expenses. Use a monthly average for items that vary from month to month. If you are listing anticipated expenses, indicate this by putting an asterisk (*) next to the estimated amount.

A. HOUSING EXPENSES:

1.	House payment: First Mortgage	\$ _____
	Second Mortgage	\$ _____
	Homeowners Association Fee	\$ _____
	Rent	\$ _____
2.	Repair & upkeep	\$ _____
3.	Yard work/Pool/Pest Control	\$ _____
4.	Insurance & taxes not included in house payment	\$ _____
5.	Other (Explain) _____	\$ _____
TOTAL:		\$ _____

B. UTILITIES:

- | | | | |
|---------------|----------------------------|----|-------|
| 1. | Water, sewer and garbage | \$ | _____ |
| 2. | Electricity | \$ | _____ |
| 3. | Gas | \$ | _____ |
| 4. | Telephone | \$ | _____ |
| 5. | Mobile phone/pager | \$ | _____ |
| 6. | Internet Provider | \$ | _____ |
| 7. | Cable/Satellite television | \$ | _____ |
| 8. | Other (Explain:) | \$ | _____ |
| TOTAL: | | \$ | _____ |

C. FOOD:

- | | | | |
|---------------|-----------------------------------|----|-------|
| 1. | Food, milk and household supplies | \$ | _____ |
| 2. | School lunches | \$ | _____ |
| 3. | Meals outside home | \$ | _____ |
| TOTAL: | | \$ | _____ |

D. CLOTHING:

- | | | | |
|---------------|---------------------------------------|----|-------|
| 1. | Clothing for you | \$ | _____ |
| 2. | Uniforms or special work clothes | \$ | _____ |
| 3. | Clothing for children living with you | \$ | _____ |
| 4. | Laundry and cleaning | \$ | _____ |
| TOTAL: | | \$ | _____ |

E. HEALTH INSURANCE:

- | | | | |
|-------|---|----|-------|
| 1. | Total monthly cost | \$ | _____ |
| 2. | Premium cost to insure you alone | \$ | _____ |
| 3. | Premium cost to insure child(ren) common to the parties | \$ | _____ |
| 4. | List all people covered by your dependent coverage: | | _____ |
| _____ | | | |
| 5. | Name of insurance company and Policy/Group Number: | | _____ |
| _____ | | | |
| _____ | | | |

F. DENTAL INSURANCE:

- | | | | |
|-------|---|----|-------|
| 1. | Total monthly cost | \$ | _____ |
| 2. | Premium cost to insure you alone | \$ | _____ |
| 3. | Premium cost to insure child(ren) common to the parties | \$ | _____ |
| 4. | List all people covered by your dependent coverage: | | _____ |
| _____ | | | |
| 5. | Name of insurance company and Policy/Group Number: | | _____ |
| _____ | | | |
| _____ | | | |

G. UNREIMBURSED MEDICAL AND DENTAL EXPENSES:

(Cost to you after, or in addition to, any insurance reimbursement)

- | | | | |
|---------------|----------------------------|----|-------|
| 1. | Drugs and medical supplies | \$ | _____ |
| 2. | Other | \$ | _____ |
| TOTAL: | | \$ | _____ |

H. CHILD CARE COSTS:

1. Total monthly child care costs (Do not include amounts paid by D.E.S.) \$ _____
2. Name(s) of child(ren) cared for and amount per child:

\$ _____

\$ _____

\$ _____

\$ _____
3. Name(s) and address(es) of child care provider(s):

I. DO YOU PARTICIPATE IN A EMPLOYER PROGRAM FOR PRETAX PAYMENT OF CHILD CARE EXPENSES (Cafeteria Plan)? YES ☐ NO ☐

J. COURT ORDERED CHILD SUPPORT:

1. Court ordered current child support for any **other** child(ren) **not** common to the petitioner and the respondent in **this** case: \$ _____
Amount of any arrears payment \$ _____
Amount per month actually paid in last 12 mos. \$ _____
Attach proof that you are paying.
2. Name(s) and relationship of minor child(ren) that you support or who live with you, but who are **not** common to the petitioner and respondent in **this** case.

K. COURT ORDERED SPOUSAL MAINTENANCE/SUPPORT (Alimony):

Court ordered spousal maintenance/support you actually pay to previous spouse: \$ _____

L. EXTRAORDINARY EXPENSES :

For **Children** (Educational Expense/Special Needs/Other): \$ _____
Explain: _____

For **Self**: \$ _____
Explain: _____

M. TRANSPORTATION OR AUTOMOBILE EXPENSES:

1. Car insurance \$ _____
2. List all cars and individuals covered: _____

3. Car payment, if any \$ _____
4. Car repair and maintenance \$ _____
5. Gas and oil \$ _____
6. Bus fare/parking fees \$ _____
7. Other (explain): _____
- TOTAL:** \$ _____

N. MISCELLANEOUS:

1. School and school supplies \$ _____
2. School activities or fees \$ _____
3. Extracurricular activities of child(ren) \$ _____
4. Church/contributions \$ _____
5. Newspapers, magazines and books \$ _____
6. Barber and beauty shop \$ _____
7. Life insurance (beneficiary: _____) \$ _____
8. Disability insurance \$ _____
9. Recreation/entertainment \$ _____
10. Child(ren)'s allowance(s) \$ _____
11. Union/Professional dues \$ _____
12. Voluntary retirement contributions and savings deductions \$ _____
13. Family gifts \$ _____
14. Pet Expenses \$ _____
15. Cigarettes \$ _____
16. Alcohol \$ _____
17. Other (explain): _____ \$ _____
- TOTAL:** \$ _____

8. OUTSTANDING DEBTS AND ACCOUNTS: List all debts and installment payments you currently owe, but **do not include items listed in Item 7 "Monthly Schedule of Expenses"**. Follow the format below. Use additional paper if necessary.

Creditor Name	Purpose of Debt	Unpaid Balance	Min. Monthly Payment	Date of your last Payment	Amount of your Payment

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for ☐ Petitioner OR ☐ Respondent

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

Name of Petitioner/Plaintiff

and

Name of Respondent/Defendant

Case Number: _____

**ORDER TO APPEAR REGARDING
PETITION TO MODIFY SUPPORT**

This is an important Court Order that affects your rights. Read this Order carefully. If you do NOT understand this Order, contact a lawyer for legal advice.

Based on the ***"Petition to Modify Support"*** and pursuant to Arizona law,

IT IS ORDERED:

1. That Petitioner _____ and Respondent _____ appear at the time and place stated below so the court can determine whether the Petition should be granted.

NAME OF JUDICIAL OFFICER: _____

DATE AND TIME OF HEARING: _____

PLACE OF HEARING: **Maricopa County Superior Court**

101 West Jefferson

Floor
Phoenix, Arizona

201 West Jefferson

Floor
Phoenix, Arizona

222 East Javelina

Floor
Mesa, Arizona

14264 W. Tierra Buena Lane

Floor
Surprise, Arizona

AMOUNT OF TIME FOR HEARING: This is a 15 minute proceeding with the court. The court will determine if more time is needed. All parties, whether represented by attorneys or not, must be present. If there is a failure to appear, the court may make such orders as are just, including granting the relief requested by the party who does appear.

2. That a true copy of this ***"Order to Appear"*** and a true copy of the Petition and documents filed with the Petition shall be served by process server or sheriff by the party who initiated this action, on the parties who are required to appear.

3. The responding party may file a ***“Response and Opposing Affidavit(s)”*** by _____(date). Copies of the ***“Response and Opposing Affidavit(s)”*** must be served by the responding party on the other party or if the other party is represented, then on his or her attorney, by mail and in accordance with Rule 5, Arizona Rules of Civil Procedure.

DONE IN OPEN COURT: _____

Judge/Commissioner of the Superior Court

SUPERIOR COURT OF ARIZONA
(1) MARICOPA COUNTY

(3) _____)
Petitioner/Plaintiff, _____)
_____)
DOB _____ SSN _____)
vs. _____)
(4) _____)
Respondent/Defendant, _____)
_____)
DOB _____ SSN _____)

Case No. (2) _____

ATLAS No. _____

CHILD SUPPORT ORDER

THE COURT FINDS THAT:

1. The parties have a duty to support the following child(ren):

Name(s) Date(s) of Birth(s) Social Security Number(s)

(14) _____

2. The parties' circumstances are as follows:

FATHER

MOTHER

COMBINED

Gross Monthly Income	_____ (8)	_____	_____
Spousal Maintenance/Support Paid	_____ (9)	_____	_____
Child Support for Other Children Paid	(_____) (10)	(_____)	_____
Adjustment for Supporting Other Children	(_____) (11)	(_____)	_____

Adjusted Monthly Gross Income	_____ (12)	_____ (13)	_____
Basic Child Support Obligation		(15)	_____

Adjustments to Child Support Obligation:

Medical/Dental Insurance Premium	_____ (16)	_____
Child Care	_____ (17)	_____
Adjusted for Tax Exemption	_____ (17a)	_____
Extra Education	_____ (18)	_____
Court-ordered Visitation/Exchange	_____ (19)	_____
Extraordinary Child	_____ (20)	_____
Child(ren) 12 or Older	(21) _____	
0 - 10% _____		
Total Adjustments	(22) _____	

Total Monthly Child Support Obligation (23) _____

Each Parent's Proportionate Share of Income	_____ % (26)	_____ %
Each Parent's Support Obligation	_____ (29)	_____
Adjustment for Costs Associated with Visitation	(_____) (30)	(_____)
Using <input type="checkbox"/> Table A <input type="checkbox"/> Table B		

Medical/Dental Insurance Premium Adjustment () (31a) ()
Child Care Adjustment () (31b) ()
Extra Education Adjustment () (31c) ()
Extraordinary Child Adjustment () (31d) ()
Visitation/Exchange Adjustment () (31e) ()

Adjustments Subtotal _____ (32) _____

Preliminary Child Support Amount _____ (33) _____

Equal Time Sharing, Unequal Incomes _____ (34) _____

Multiple Children, Divided Custody _____ (35) _____

Self Support Reserve Test

Paying party's Adjusted Gross Income
from line 12 _____ (12) _____

Minus reserve (\$710) (36a) (\$710)

Minus arrears () (36b) ()

RESULT _____ (37) _____

If the amount from line 37 above is less than the Preliminary Child Support Amount, line 33, the court MAY order the resulting amount as child support order on line 37, absent a deviation.

AMOUNT TO BE ORDERED: _____ (38) _____

3. Paying Party's employer/payor is:

Name: _____

Payroll Dept. Address: _____

4. Written Findings for Physical Custody Adjustment and/or Other Adjustments: _____

5. The court finds that the paying party has the ability to pay child support in the amount from line 38:
\$ _____

6. The court, having considered the best interests of the child(ren), deviates from the guidelines for the following reason(s):

- ☐ Application of the guidelines is inappropriate.
☐ Application of the guidelines is unjust.
☐ The parties have signed a written agreement with knowledge of the amount of support that would have been ordered by the guidelines but for the agreement.

The court makes the following findings regarding the deviation:

- ☐ The child support order would have been \$ _____
- ☐ The child support order after deviation is \$ _____
- ☐ All parties have signed the agreement free of duress and coercion.
- ☐ _____

IT IS ORDERED THAT:

- A. The ☐Petitioner ☐Respondent shall pay child support of \$ _____ per month to the other party. The first payment is due on ____/____/____. If this is a modification of child support, all other prior orders of this court not modified herein remain in full force and effect.
- B. The court finds that an arrearage exists in the amount of \$ _____ for the period of time of ____/____/____ to ____/____/____. The ☐Petitioner ☐Respondent shall pay an arrearage payment of \$ _____ per month to the other party with the first arrearage payment due on ____/____/____.
- C. All payments shall be made through the Support Payment Clearinghouse pursuant to an Order of Assignment assigned this date. At any time the paying party's employer/payor is not paying pursuant to an Order of Assignment, the paying party must make full and timely payment directly to:

Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

Payments not made through the Clerk of the Court/Clearinghouse shall be considered gifts unless otherwise ordered. Payments must include the case number and the paying party's name.

IMPORTANT NOTICE: Under state law (section 25-503, subsection I, Arizona Revised Statutes) the right to collect unpaid child support payments ends three years after the last child included in the child support order *emancipates. To collect the unpaid support, the person owed child support must file a court action to obtain a written judgment for the unpaid amount due before the end of the three year period. (Limited exceptions exist and are found in A.R.S. § 25320.B.).

*A child is emancipated:

- On the date of the child's marriage.
- On the child's 18th birthday.
- When the child is adopted.
- When the child dies.
- When the support obligation is terminated by court if support is extended beyond the age of 18.

- D. Unless the court has ordered otherwise, the parties affected by this order shall notify the Clerk of the Court/Clearinghouse of their addresses and shall notify the Clerk/Clearinghouse of any change of address within ten (10) days. The paying party shall also notify the Clerk/Clearinghouse of the names and addresses of the paying party's employers or other payors and, within ten (10) days, of any changes thereof.
- E. The costs of visitation-related travel/transportation shall be shared by the parties as follows:
Father: _____ Mother: _____

F. ☐ Petitioner ☐ Respondent is responsible for providing medical and/or dental insurance for the child(ren).
☐ Petitioner ☐ Respondent shall pay _____% of any uninsured medical/dental expenses and the other party shall pay the remainder.

G. The parties shall:

☐ Exchange financial information such as copies of tax returns, earnings statements, and a Parent's Worksheet every 24 months.

☐ Exchange residential addresses and the names and addresses of their employers every 24 months.

☐ _____.

H. The court allocates the tax exemption(s) as follows:

Date

Judge or Commissioner

THE SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(1) _____)
Petitioner/Plaintiff)
vs.)
(2) _____)
Respondent/Defendant)

(3) Case Number: _____

(4) ATLAS Number: _____

ORDER OF ASSIGNMENT

TO: Current and future employers or other payors of:

(5)

Name: _____ SSN: _____

This order modifies and replaces any previous "Order of Assignment" with the same case number.

You shall withhold court-ordered payments as follows:

Current Child Support	\$ _____
Current Spousal Maintenance/Support	\$ _____
Payments on Arrears / Interest	\$ _____
Clearinghouse Handling Fee	\$ _____ 2.25 per month*
TOTAL AMOUNT per month	\$ _____, but no more than

50% of disposable earnings (A.R.S. § 33-1131). *The Clearinghouse handling fee is set by statute and subject to change (A.R.S. § 25-510).

This **"Order of Assignment"** is effective immediately upon receipt by an employer or other payor, including self-employed persons, and continues until further Order, or until a period of 90 continuous days from the last payment to the Obligor. If you are again obligated to pay monies to the Obligor within 90 days, you are again bound by **this "Order of Assignment."** Payment must be sent to the Support Payment Clearinghouse within two (2) business days of the date the monies were withheld.

You shall NOT discharge or otherwise discipline the person named in this assignment, because of service of this "Order of Assignment."

The above ATLAS number and employee's name **must** appear on the *Transmittal Form or check*. Make payments payable and send to:

Support Payment Clearinghouse, P.O. Box 52107, Phoenix, AZ 85072-2107

Dated this _____ day of _____, 20____.

Judicial Officer or Clerk of Superior Court

CURRENT EMPLOYER INFORMATION

This form must be completed for:

- An *“Order of Assignment”* (Staple to the *“Order of Assignment”*)
- *“Order to Stop an Order of Assignment”* (Staple to the Stop Order)
- *“Notification of a Change of Employer”*

CASE NUMBER _____ ATLAS NUMBER _____

PAYOR NAME _____
(Name of Person to Make Payment)

Social Security Number _____

List only the Employer's Name and Payroll Address where the *“Order of Assignment”* or *“Stop Order of Assignment”* should be mailed.

CURRENT EMPLOYER NAME _____

PAYROLL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ FAX NUMBER () _____

PREVIOUS EMPLOYER (IF KNOWN) _____

PAYROLL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ FAX NUMBER () _____

SUBMITTED BY _____ DATE _____

WA/FSC

TYPE OF W/A _____

DATE _____

TYPE OF ORDER _____

EMPLOYER STATUS _____

ENTERED BY _____

NEW W/A _____ SUB _____

AG _____ DCSE _____

Case No. _____

ATLAS No. _____

JUDGMENT DATA SHEET (FOR INTERNAL USE ONLY*)

ATTENTION: COURT DIVISION AND STAFF. DO NOT FILE THIS DOCUMENT. DO NOT DISTRIBUTE THE COMPLETED JUDGMENT DATA SHEET TO THE PARTIES. THIS FORM IS FOR CLERK OF COURT INTERNAL USE ONLY.

PERSON TO RECEIVE PAYMENTS:

Name: _____

Gender: Male Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

PERSON TO MAKE PAYMENTS:

Name: _____

Gender: Male Female Date of Birth: _____

SSN: _____

Mailing Address: _____

Daytime Phone: _____

Evening Phone: _____

Other (cell, pager): _____

Email Address: _____

EMPLOYER INFORMATION FOR PERSON MAKING PAYMENTS: Firm Name: _____

Payroll Mailing Address: _____

Phone: _____

Email Address: _____

CHILDREN:

Name	Gender (M/F)	Date of Birth	Social Security No. (if available)
------	--------------	---------------	------------------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Additional children listed on attached sheet.

FOR COURT USE ONLY

Order Date: _____	Type of Order: _____			
Current Child Support	Arrearages	Current Spousal Maint.	Arrearages	Miscellaneous
Amount _____	Amount _____	Amount _____	Amount _____	Med Ins _____
Frequency _____	Frequency _____	Frequency _____	Frequency _____	Frequency _____
Due Date _____	Total _____	Total _____	Due Date _____	Due Date _____
	Thru Date _____		Thru Date _____	Med Bills _____
	Due Date _____		Due Date _____	Frequency _____